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Bib Data Sheet

CONFIRMATION NO. 8253

SERIAL NUMBER 10/091,609	FILING DATE 03/05/2002  RULE	CLASS 514	GROUP ART UNIT 1626	ATTORNEY DOCKET NO. 41305/271622
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/273,377 03/05/2001.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/06/2002

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY NC	SHEETS DRAWING 0	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 1
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TITLE  
 BENZIMIDAZOLE DERIVATIVES AS THERAPEUTIC AGENTS

FILING FEE  RECEIVED 841	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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